

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31832

State File No.

Registration District No. 28 **FILED OCT 4 - 1943** Primary Registration District No. 2001

Registrar's No. 541

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2808 W. 26th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 5 yrs.
years, months or days)

3. (a) PRINT FULL NAME Reeder Croddy
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced..... M
6. (b) Name of husband or wife..... Dell 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 6 1883
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
59 10 15 hr. min.

9. Birthplace Anderson Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Electrician.
11. Industry or business.....
12. Name John Croddy
13. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rowe
15. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)
16. (a) Informant Dell Croddy
(b) Address 2808 W. 26 th.
17. (a) Reburied (b) Date thereof 9/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery, Kansas
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 9-23-43 (b) Justus S. Sudduth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 2808 W. 26th
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1943 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from Sept 21 to Sept 21, 1943
that I last saw him alive on Sept 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Colitis 6 mo
Possibly Malignant
Due to..... of Colon
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... none
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... no
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature..... (M. D. or other)
Address..... Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

62
183

1204

9/24/43

45-9-799

OCT 4 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Steve D. Parker

Licensed Embalmer No.

26148

P. O. Address

Gettysburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.